## 24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 6 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full)	FEC IDENTIFICATION NUMBER ▼
CREDO SUPERPAC	C C00507517
Check If 24-hour report X 48-hour report New report Amends report filed on	
Full Name (Last, First, Middle Initial) of Payee  Jason Freeman  Dat	
Mailing Address 1820 London Road	09 / 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ount
City State Zip Code Duluth MN 55812	625.00 saction ID : SE.8582
Purpose of Expenditure Payroll Category/ Type Office Sol	
Name of Federal Candidate Supported or Opposed by Expenditure:  RAYMOND J MR. CRAVAACK  Check Or	President  Support X Oppose
Calendar Year-To-Date Per Election Disbursen	
	Other (specify)
Full Name (Last, First, Middle Initial) of Payee  Jason Freeman  Dat	M M / D D / Y Y Y
Mailing Address 1820 London Road	09 26 2012
Am	ount
City State Zip Code Duluth MN 55812	625.00 saction ID : SE.8589
Purpose of Expenditure Payroll Category/ Type Office So	
Name of Federal Candidate Supported or Opposed by Expenditure:  Check Or	President
NATIVIONE STVIK. CRAVAACK	
Calendar Year-To-Date Per Election for Office Sought 13151.72 Disburser 2012	nent For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	1250.00
(b) CURTOTAL of Uniterpized Independent Europeditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Becky Bond [Electronically Filed] Date 09	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	